

ANNUAL REPORT
APPRENTICE FUNERAL DIRECTOR

TO: THE ALABAMA BOARD OF FUNERAL SERVICE

FROM: _____
NAME OF APPRENTICE RESIDENCE ADDRESS

Period covered by report: _____ to _____

Name and address of Establishment at which apprenticeship is being served:

Establishment Name Address

SUPERVISING FUNERAL DIRECTOR:

NAME: _____ LICENSE No.: _____

Pursuant to Section 34-13-132, Code of Alabama, 1975 Legislature, I report as follows:

1. I have devoted not less than thirty(30) hours per week to the duties of my apprenticeship;
2. I have not been absent from duty, other than is provided by the Act, and have secured the required approvals for any extensions to my training period.
3. I have been, and am now in compliance with the code of conduct prescribed by section 34-13-134.
4. During the period covered by this report I have assisted in conducting _____ funerals;
5. During the period covered by this report I have participated in the administration of Funerals with the prescribed training program (Family counseling, selection of services, accounting, etc.);
6. During the period covered by this report I have familiarized myself with the State and Local Laws governing the practice of Funeral Directing.

I represent the above information to be true and correct and realize that any false statements given in this report subjects my License to revocation.

(Apprentice Sign Full Name)

CERTIFICATION BY SUPERVISNG FUNERAL DIRECTOR

I have reviewed the report herein made and find it to be true and correct. **I recommend the continued Licensing of the Apprentice.** I have followed the required Apprentice training program guidelines in directing the training afforded this Apprentice.

(Supervising Funeral Director Sign Full Name)